

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Michael A. Centanni

Confirmation No.: 8624

Application No.: 10/734,059

Group No.: 1797

Filed: December 10, 2003

Examiner: Monzer R. Chorbaji

For: OZONE ENHANCED VAPORIZED HYDROGEN PEROXIDE DECONTAMINATION  
METHOD

**CERTIFICATE OF EFS SUBMISSION (37 C.F.R. § 1.8(a)(1)(C))**

I hereby certify that on December 11, 2008 the following correspondence:

Name of Paper: Response to Office Action  
Information Disclosure Statement  
Reference

Number of Pages: 22

is being submitted to the Patent and Trademark Office via the Office Electronic Filing System in accordance with § 1.6(a)(4).

  
Signature

Telephone Number: 440-684-1090

Laura K. Cahill

Type or print name of person certifying

***NOTE:*** It is advisable to keep a copy of certification of EFS-Web transmission § 1.8), including the list of papers submitted, to establish the local time of the submissions if such evidence is needed

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For: OZONE ENHANCED VAPORIZED HYDROGEN PEROXIDE DECONTAMINATION  
METHODMail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

## STATUS

2. Applicant is other than a small entity.

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)		OTHER THAN A SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE		ADDIT. FEE
TOTAL	10	—	20	=	0	x	\$ 52.00	=	\$ 0.00
INDEP.	1	—	5	=	0	x	\$ 220.00	=	\$ 0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+	\$ 0.00	=	\$ 0.00
TOTAL ADDIT. FEE								\$	0.00

No additional fee for claims is required.

**PAPERS ENCLOSED**

5. Response to Office Action – 7 pages  
Information Disclosure Statement – 4 pages  
Reference = 1

**FEE DEFICIENCY**

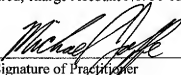
6. If an additional extension and/or fee is required, charge Account No. 50-0537.  
  
If an additional fee for claims is required, charge Account No. 50-0537.

Date: **December 11, 2008**

Reg. No.: 36,326

Tel. No.: 440-684-1090

**Customer No.: 22203**

  
\_\_\_\_\_  
Signature of Practitioner  
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